

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 936073
FACILITY: H2-Oh-Yeah
LOCATION: 2134 C.R. 224
 Ashley, OH 43003
COUNTY: Morrow
DISTRICT: CDO

STATUS: Original
PERMIT NUMBER: 4MP00028*AM
STATION CODE: 401
MONITORING PERIOD : 2020-02-01 To: 2020-02-29
REPORTING LAB:
ANALYST: Kari Long
NO DISCHARGE INDICATOR: AL

PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2020-02-01							
2020-02-02							
2020-02-03							
2020-02-04							
2020-02-05							
2020-02-06							
2020-02-07							
2020-02-08							
2020-02-09							
2020-02-10							
2020-02-11							
2020-02-12							
2020-02-13							
2020-02-14							
2020-02-15							
2020-02-16							
2020-02-17							
2020-02-18							
2020-02-19							
2020-02-20							
2020-02-21							
2020-02-22							
2020-02-23							
2020-02-24							
2020-02-25							
2020-02-26							
2020-02-27							
2020-02-28							
2020-02-29							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Jeff Williamson						Certification Version Date 2020-03-19 11:03	

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SUBMISSION ID:	936073	STATUS:	Original
FACILITY:	H2-Oh-Yeah	PERMIT NUMBER:	4MP00028*AM
LOCATION:	2134 C.R. 224	STATION CODE:	401
	Ashley, OH 43003	MONITORING PERIOD :	2020-02-01 To: 2020-02-29
COUNTY:	Morrow	REPORTING LAB:	
DISTRICT:	CDO	ANALYST:	Kari Long
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2020-02-01						
2020-02-02						
2020-02-03						
2020-02-04						
2020-02-05						
2020-02-06						
2020-02-07						
2020-02-08						
2020-02-09						
2020-02-10						
2020-02-11						
2020-02-12						
2020-02-13						
2020-02-14						
2020-02-15						
2020-02-16						
2020-02-17						
2020-02-18						
2020-02-19						
2020-02-20						
2020-02-21						
2020-02-22						
2020-02-23						
2020-02-24						
2020-02-25						
2020-02-26						
2020-02-27						
2020-02-28						
2020-02-29						
Minimum						
Maximum						
Average						
Count						

Name of Responsible Official or Authorized Representative <div style="text-align: center; font-size: 1.2em;">Jeff Williamson</div>	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative <div style="height: 40px;"></div>	Submission Date/Time <div style="text-align: center;"> Certification Version Date 2020-03-19 11:03 </div>
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SUBMISSION ID: FACILITY: LOCATION: COUNTY: DISTRICT:	936073 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003 Morrow CDO	STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD : REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR:	Original 4MP00028*AM 402 2020-02-01 To: 2020-02-29 Kari Long AL
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PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate-Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2020-02-01							
2020-02-02							
2020-02-03							
2020-02-04							
2020-02-05							
2020-02-06							
2020-02-07							
2020-02-08							
2020-02-09							
2020-02-10							
2020-02-11							
2020-02-12							
2020-02-13							
2020-02-14							
2020-02-15							
2020-02-16							
2020-02-17							
2020-02-18							
2020-02-19							
2020-02-20							
2020-02-21							
2020-02-22							
2020-02-23							
2020-02-24							
2020-02-25							
2020-02-26							
2020-02-27							
2020-02-28							
2020-02-29							
Minimum							
Maximum							
Average							
Count							
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Jeff Williamson						Certification Version Date 2020-03-19 11:03	

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FACILITY: H2-Oh-Yeah
LOCATION: 2134 C.R. 224
 Ashley, OH 43003
COUNTY: Morrow
DISTRICT: CDO

STATUS: Original
PERMIT NUMBER: 4MP00028*AM
STATION CODE: 402
MONITORING PERIOD : 2020-02-01 To: 2020-02-29
REPORTING LAB:
ANALYST: Kari Long
NO DISCHARGE INDICATOR: AL

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2020-02-01						
2020-02-02						
2020-02-03						
2020-02-04						
2020-02-05						
2020-02-06						
2020-02-07						
2020-02-08						
2020-02-09						
2020-02-10						
2020-02-11						
2020-02-12						
2020-02-13						
2020-02-14						
2020-02-15						
2020-02-16						
2020-02-17						
2020-02-18						
2020-02-19						
2020-02-20						
2020-02-21						
2020-02-22						
2020-02-23						
2020-02-24						
2020-02-25						
2020-02-26						
2020-02-27						
2020-02-28						
2020-02-29						
Minimum						
Maximum						
Average						
Count						

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SUBMISSION ID: FACILITY: LOCATION: COUNTY: DISTRICT:	936073 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003 Morrow CDO	STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD : REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR:	Original 4MP00028*AM 403 2020-02-01 To: 2020-02-29 Kari Long AL
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PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate-Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2020-02-01							
2020-02-02							
2020-02-03							
2020-02-04							
2020-02-05							
2020-02-06							
2020-02-07							
2020-02-08							
2020-02-09							
2020-02-10							
2020-02-11							
2020-02-12							
2020-02-13							
2020-02-14							
2020-02-15							
2020-02-16							
2020-02-17							
2020-02-18							
2020-02-19							
2020-02-20							
2020-02-21							
2020-02-22							
2020-02-23							
2020-02-24							
2020-02-25							
2020-02-26							
2020-02-27							
2020-02-28							
2020-02-29							
Minimum							
Maximum							
Average							
Count							
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Jeff Williamson						Certification Version Date 2020-03-19 11:03	

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SUBMISSION ID: FACILITY: LOCATION:	936073 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003	STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD :	Original 4MP00028*AM 403 2020-02-01 To: 2020-02-29
COUNTY: DISTRICT:	Morrow CDO	REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR:	Kari Long AL

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2020-02-01						
2020-02-02						
2020-02-03						
2020-02-04						
2020-02-05						
2020-02-06						
2020-02-07						
2020-02-08						
2020-02-09						
2020-02-10						
2020-02-11						
2020-02-12						
2020-02-13						
2020-02-14						
2020-02-15						
2020-02-16						
2020-02-17						
2020-02-18						
2020-02-19						
2020-02-20						
2020-02-21						
2020-02-22						
2020-02-23						
2020-02-24						
2020-02-25						
2020-02-26						
2020-02-27						
2020-02-28						
2020-02-29						
Minimum						
Maximum						
Average						
Count						

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Jeff Williamson			Certification Version Date 2020-03-19 11:03

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SUBMISSION ID:
FACILITY:
LOCATION:

936073
H2-Oh-Yeah
2134 C.R. 224
Ashley, OH 43003

STATUS:
PERMIT NUMBER:
STATION CODE:
MONITORING PERIOD :

Original
4MP00028*AM
602

COUNTY:
DISTRICT:

Morrow
CDO

REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR:

2020-02-01 To: 2020-02-29
Brookeside
Kari Long

PARAMETER	Biochemical Oxygen Demand, 5 Day	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Phosphorus, Total (P)	E. coli	Flow Rate	Sludge Solids, Percent Total
PARAMETER CODE	00310	00530	00610	00665	31648	50050	70318
UNITS	mg/l	mg/l	mg/l	mg/l	#/100 ml	MGD	%
FREQUENCY	1/Week	1/Week	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	24hr Total Estimate	Grab
2020-02-01							
2020-02-02							
2020-02-03	3336	19.2	132	AC	AC	.00138	AC
2020-02-04							
2020-02-05							
2020-02-06							
2020-02-07							
2020-02-08							
2020-02-09							
2020-02-10	1110	17	1148	26574.25	AC		
2020-02-11							
2020-02-12							
2020-02-13							
2020-02-14							
2020-02-15							
2020-02-16							
2020-02-17	1246.5	1800				.00138	AC
2020-02-18							
2020-02-19							
2020-02-20							
2020-02-21							
2020-02-22							
2020-02-23	1461	10.7					
2020-02-24							
2020-02-25							
2020-02-26							
2020-02-27							
2020-02-28							
2020-02-29							
Minimum	1110.0	10.7	132.0	26574.25		0.00138	
Maximum	3336.0	1800.0	1148.0	26574.25		0.00138	
Average	1788.375	461.725	640	26574.25		0.00138	
Count	4	4	2	1		2	
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Jeff Williamson						Certification Version Date 2020-03-19 11:03	

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SUBMISSION ID: FACILITY: LOCATION: COUNTY: DISTRICT:	936073 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003 Morrow CDO	STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD : REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR:	Original 4MP00028*AM 602 2020-02-01 To: 2020-02-29 Brookeside Kari Long
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PARAMETER	Sludge Solids, Percent Volatile	Freeboard	pH	Oil and Grease, Hexane Extr Method	Nitrogen Kjeldahl, Total	Nitrogen, Inorganic, Total	
PARAMETER CODE	70322	82564	00400	00552	00625	00640	
UNITS	%	feet	S.U.	mg/l	mg/l	mg/l	
FREQUENCY	1 / 2 Weeks	1 / 2 Weeks	1/Month	1/Month	1/Month	1/Month	
SAMPLING TYPE	Grab	Total	Grab	Grab	Grab	Grab	
2020-02-01							
2020-02-02							
2020-02-03	AC	2	8.05	140	163	132	
2020-02-04							
2020-02-05							
2020-02-06							
2020-02-07							
2020-02-08							
2020-02-09							
2020-02-10							
2020-02-11							
2020-02-12							
2020-02-13							
2020-02-14							
2020-02-15							
2020-02-16							
2020-02-17	AC	2					
2020-02-18							
2020-02-19							
2020-02-20							
2020-02-21							
2020-02-22							
2020-02-23							
2020-02-24							
2020-02-25							
2020-02-26							
2020-02-27							
2020-02-28							
2020-02-29							
Minimum		2.0	8.05	140.0	163.0	132.0	
Maximum		2.0	8.05	140.0	163.0	132.0	
Average		2		140	163	132	
Count		2	1	1	1	1	
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Jeff Williamson						Certification Version Date 2020-03-19 11:03	

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FACILITY:
LOCATION:

H2-Oh-Yeah
2134 C.R. 224
Ashley, OH 43003

PERMIT NUMBER:
MONITORING PERIOD :

4MP00028*AM
2020-02-01 To: 2020-02-29

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
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